



<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>00280552AA</b>	
Applicant(s): <b>R. Bolle, et al.</b>					
Application No. <b>09/489,908</b>	Filing Date <b>January 24, 2000</b>	Examiner <b>V. Bali</b>	Customer No. <b>30743</b>	Group Art Unit <b>2623</b>	Confirmation No. <b>6447</b>
Invention: <b>IMPROVEMENTS TO A COMBINED FINGERPRINT ACQUISITION AND CONTROL DEVICE</b>					
				<b>RECEIVED</b>  <b>JUN 29 2004</b>  <b>Technology Center 2600</b>	
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	27 -	27 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> No additional fee is required for amendment.  <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____  <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-0510</b>  <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.  <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.         </div> <div style="text-align: right;">           Dated: <b>June 25, 2004</b> </div> </div> <div style="margin-top: 20px;">   <b>C. Lamont Whitham</b>            Reg No. 22,424            Whitham, Curtis &amp; Christofferson, P.C.            11491 Sunset Hills Road, Suite 340            Reston, Virginia 20190            703-787-9400         </div>					
<div style="border: 1px solid black; padding: 5px;">           I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.         </div> <div style="text-align: center; margin-top: 10px;"> <i>Signature of Person Mailing Correspondence</i>   <b>HAND DELIVERED</b>   <i>Typed or Printed Name of Person Mailing Correspondence</i> </div>					
CC:					